



GOVERNMENT OF KERALA

Abstract

**HEALTH AND FAMILY WELFARE DEPARTMENT—ESTABLISHMENT—
HEALTH SERVICES—PRELIMINARY GRADATION LIST OF DEPUTY
GOVERNMENT ANALYST PUBLISHING OF ORDERS ISSUED**

HEALTH AND FAMILY WELFARE (E) DEPARTMENT
G.O. (Rt) No. 252/2008/H&FWD.

Dated Thiruvananthapuram, 22nd January 2008.

*Read:—1. Letter No. ESI-116014/07/DHS dated 19-12-2007 from the
Director of Health Services, Thiruvananthapuram.*

ORDER

The preliminary gradation list of Deputy Government Analysts under the Health Services Department for the period from 1-4-2005 to 31-12-2006 is appended herewith. Objections if any in the matter shall be filed in the appended proforma within 30 days from the date of publication of the same in the Gazette.

By order of the Governor,
J. S. VALSALA,
Deputy Secretary to Government.

To

The Director of Health Services, Thiruvananthapuram.

The Chief Government Analyst, Government Analysts, Laboratory,
Thiruvananthapuram.

The Government Analyst, Regional Analytical Lab, Ernakulam/
Kozhikode.

The Stock File/OO.

G. 120/2008/G.

PRELIMINARY GRADATION LIST OF DEPUTY GOVERNMENT ANALYST FROM

1-4-2005 to 31-12-2006

Sl. No.	Name	Date of Birth	Qualification	Date of entry in service	Date of appointment in the present post	Order No. and date of appointment in the present post
1	Shri V. N. Chandramohan	20-11-1954	B.Sc.	4.3.1977	23-12-2006	G.O. (Rt.) No. 3747/06/ H&FWD dt. 27-12-2006
2	Shri P. V. Mohammed	16-10-1953	B.Sc.	10-6-1977	29-12-2006	do.
3	Sri. G. Gopinathan	26-12-1952	B.Sc.	9-11-1977	28-12-2006	do.
4	Sri M. Mohammed Ali	12-6-1955	B.Sc. B.Ed.	22-2-1981	29-12-2006	do.
5	Smt. Jaya, I.	26-7-1952	M.Sc.	18-9-1987	23-12-2006	do.

PRO FORMA FOR APPEAL

1. Name and Designation :
2. Present Office address with Telephone Number :
3. Date of Birth :
4. Qualifications :
5. Date of commencement of service in the entry cadre :
6. Date of appointment to the present post :
7. No. and Date of promotion order /PSC advice :
8. Whether granted extension of joining time if so details :
9. Grounds for appeal :
10. Remarks if any :

Signature :

Name :

Designation :

Place :

Date :

Office Address :

Remarks of the Head of Institution

Signature :

Name and Designation :

Place :

Date :

Office Address :

(Seal)

N. B. Attested copies of relevent documents in support of the claim should be enclosed.
